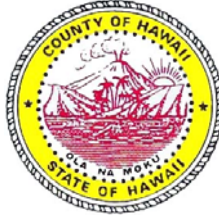


William P. Kenoi
Mayor



Ronald K. Takahashi
Director of Human Resources

Sharon Toriano
Deputy Director of Human Resources

County of Hawai'i Department of Human Resources

Aupuni Center * 101 Pauahi Street, Suite 2 * Hilo, Hawai'i 96720 * (808) 961-8361 * Fax (808) 961-8617
website: <http://jobs.co.hawaii.hi.us> e-mail: jobs@co.hawaii.hi.us

October 12, 2011

VIA E-MAIL AND REGULAR MAIL

Ms. Barbara Coriell, Administrator
Hawai'i Employer-Union Health Benefits Trust Fund
P.O. Box 2121
Honolulu, Hawai'i 96805

Dear Ms. Coriell:

Enclosed are the employer/employee contribution rates for the County of Hawai'i effective 1/1/12. Your assistance is requested in posting these rate charts on your website.

For employees in bargaining units 2, 3, 4, and 13, the County will pay 60% of the premium rate plus 60% of the administrative fee for each individual plan, with the exception of the life insurance plan which the County will continue to pay 100% of the premium rate plus 100% of the administrative fee (reference - July 27, 2011 letter).

Until new collective bargaining agreements are reached for bargaining units 1, 9, 11, and 12 (we do not have any BU10 positions), the County will continue to pay 60% of the premium rate plus 100% of the administrative fee, with the exception of the life insurance plan which the County will continue to pay 100% of the premium rate plus 100% of the administrative fee. The employer contributions for all PPO, HMO and HDHP plans are based on the prevalent medical benefit plan as of December 31, 2010 (HMSA 80/20 PPO).

If you have any questions about the enclosed rates, please contact Dee Ann Sadayasu, Administrative Services Officer II, at 961-8361.

Sincerely,

Ronald K. Takahashi
Director of Human Resources

DSS/RKT:yn

Enclosures

Hawai'i County is an Equal Opportunity Provider and Employer.

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
COUNTY OF HAWAII - ACTIVE EMPLOYEES
BU'S 02, 03, 04, 13
Effective January 1, 2012 through June 30, 2013

	Type of Enrollment	Total Premium Rate	EUTF Admin Fee	Total Monthly Contribution Required	Monthly Employer Contribution	Monthly Employee Contribution
MEDICAL PLANS						
HMSA 90/10 PPO <i>RSN Chiro, No Prescription Drug</i>	Self	342.88	2.16	345.04	207.02	138.02
	Two-Party	831.76	4.48	836.24	501.74	334.50
	Family	1060.13	6.55	1066.68	640.00	426.68
HMSA 80/20 PPO <i>RSN Chiro, No Prescription Drug</i>	Self	327.24	2.16	329.40	197.64	131.76
	Two-Party	793.78	4.50	798.28	478.96	319.32
	Family	1011.71	6.57	1018.28	610.96	407.32
Prescription Drug Only - PPO Plans <i>Note: Rates could increase depending on result of protest</i>	Self	60.80	0.60	61.40	36.84	24.56
	Two-Party	147.76	1.28	149.04	89.42	59.62
	Family	188.28	1.88	190.16	114.10	76.06
NOTE:	Remember to add Prescription Drug coverage cost to PPO Medical cost to determine the full cost of your plan.					
HMSA HMO <i>RSN Chiro, Includes Prescription Drug</i>	Self	450.00	2.76	452.76	271.66	181.10
	Two-Party	1092.04	5.76	1097.80	658.68	439.12
	Family	1391.85	8.43	1400.28	840.16	560.12
HMSA High Deductible Health Plan (HDHP) <i>Includes Prescription Drug, No Chiro</i>	Self	339.64	2.76	342.40	205.44	136.96
	Two-Party	824.44	5.76	830.20	498.12	332.08
	Family	1051.42	8.38	1059.80	635.88	423.92
Kaiser Basic HMO <i>RSN Chiro, Includes Prescription Drug</i>	Self	376.70	2.74	379.44	227.66	151.78
	Two-Party	914.74	5.78	920.52	552.30	368.22
	Family	1166.37	8.43	1174.80	704.88	469.92
Kaiser Comprehensive HMO <i>RSN Chiro, Includes Prescription Drug</i>	Self	432.06	2.74	434.80	260.88	173.92
	Two-Party	1049.30	5.78	1055.08	633.04	422.04
	Family	1338.05	8.43	1346.48	807.88	538.60
HMSA Supplemental Plan (Coinsurance Plan) <i>RSN Chiro, Includes Supp. Prescription Drug</i>	Self	206.28	2.76	209.04	125.42	83.62
	Two-Party	500.36	5.76	506.12	303.66	202.46
	Family	637.37	8.43	645.80	387.48	258.32
Royal State Supplemental (Copay Plan) <i>RSN Chiro, Includes Supp. Prescription Drug</i>	Self	40.67	2.77	43.44	26.06	17.38
	Two-Party	101.03	5.77	106.80	64.08	42.72
	Family	112.29	8.43	120.72	72.42	48.30
DENTAL PLAN						
HDS Dental	Self	28.84	0.32	29.16	17.50	11.66
	Two-Party	57.68	0.64	58.32	34.98	23.34
	Family	94.88	0.96	95.84	57.50	38.34
VISION PLAN						
VSP Vision	Self	5.96	0.08	6.04	3.62	2.42
	Two-Party	11.04	0.12	11.16	6.70	4.46
	Family	14.42	0.18	14.60	8.76	5.84
LIFE INSURANCE						
Royal State National	Employee	4.16		4.16	4.16	0.00

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
COUNTY OF HAWAII - ACTIVE EMPLOYEES
BU'S 01, 09, 11
Effective January 1, 2012 through June 30, 2013

	Type of Enrollment	Total Premium Rate	EUTF Admin Fee	Total Monthly Contribution Required	Monthly Employer Contribution	Monthly Employee Contribution
MEDICAL PLANS						
HMSA 90/10 PPO <i>RSN Chiro, No Prescription Drug</i>	Self	342.88	2.16	345.04	198.50	146.54
	Two-Party	831.76	4.48	836.24	480.76	355.48
	Family	1060.13	6.55	1066.68	613.60	453.08
HMSA 80/20 PPO <i>RSN Chiro, No Prescription Drug</i>	Self	327.24	2.16	329.40	198.50	130.90
	Two-Party	793.78	4.50	798.28	480.76	317.52
	Family	1011.71	6.57	1018.28	613.60	404.68
Prescription Drug Only - PPO Plans <i>Note: Rates could increase depending on result of protest</i>	Self	60.80	0.60	61.40	37.08	24.32
	Two-Party	147.76	1.28	149.04	89.94	59.10
	Family	188.28	1.88	190.16	114.84	75.32
NOTE:	Remember to add Prescription Drug coverage cost to PPO Medical cost to determine the full cost of your plan.					
HMSA HMO <i>RSN Chiro, Includes Prescription Drug</i>	Self	450.00	2.76	452.76	235.58	217.18
	Two-Party	1092.04	5.76	1097.80	570.70	527.10
	Family	1391.85	8.43	1400.28	728.44	671.84
HMSA High Deductible Health Plan (HDHP) <i>Includes Prescription Drug, No Chiro</i>	Self	339.64	2.76	342.40	235.58	106.82
	Two-Party	824.44	5.76	830.20	570.70	259.50
	Family	1051.42	8.38	1059.80	728.44	331.36
Kaiser Basic HMO <i>RSN Chiro, Includes Prescription Drug</i>	Self	376.70	2.74	379.44	235.58	143.86
	Two-Party	914.74	5.78	920.52	570.70	349.82
	Family	1166.37	8.43	1174.80	728.44	446.36
Kaiser Comprehensive HMO <i>RSN Chiro, Includes Prescription Drug</i>	Self	432.06	2.74	434.80	235.58	199.22
	Two-Party	1049.30	5.78	1055.08	570.70	484.38
	Family	1338.05	8.43	1346.48	728.44	618.04
HMSA Supplemental Plan (Coinsurance Plan) <i>RSN Chiro, Includes Supp. Prescription Drug</i>	Self	206.28	2.76	209.04	126.52	82.52
	Two-Party	500.36	5.76	506.12	305.98	200.14
	Family	637.37	8.43	645.80	390.84	254.96
Royal State Supplemental (Copay Plan) <i>RSN Chiro, Includes Supp. Prescription Drug</i>	Self	40.67	2.77	43.44	27.16	16.28
	Two-Party	101.03	5.77	106.80	66.38	40.42
	Family	112.29	8.43	120.72	75.80	44.92
DENTAL PLAN						
HDS Dental	Self	28.84	0.32	29.16	17.62	11.54
	Two-Party	57.68	0.64	58.32	35.24	23.08
	Family	94.88	0.96	95.84	72.76	23.08
VISION PLAN						
VSP Vision	Self	5.96	0.08	6.04	3.66	2.38
	Two-Party	11.04	0.12	11.16	6.74	4.42
	Family	14.42	0.18	14.60	8.82	5.78
LIFE INSURANCE						
Royal State National	Employee	4.16		4.16	4.16	0.00

All employee contributions subject to change as a result of collective bargaining agreements
Prescription drug rates will not be final until the resolution of the procurement protest hearing

10/12/2011

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
COUNTY OF HAWAII - ACTIVE EMPLOYEES
BU 12
Effective January 1, 2012 through June 30, 2013

	Type of Enrollment	Total Premium Rate	EUTF Admin Fee	Total Monthly Contribution Required	Monthly Employer Contribution	Monthly Employee Contribution
MEDICAL PLANS						
HMSA 90/10 PPO <i>RSN Chiro, No Prescription Drug</i>	Self	285.46	2.14	287.60	165.58	122.02
	Two-Party	713.02	4.50	717.52	412.76	304.76
	Family	923.69	6.55	930.24	535.48	394.76
HMSA 80/20 PPO <i>RSN Chiro, No Prescription Drug</i>	Self	272.44	2.12	274.56	165.58	108.98
	Two-Party	680.48	4.48	684.96	412.76	272.20
	Family	881.51	6.57	888.08	535.48	352.60
Prescription Drug Only - PPO Plans <i>Note: Rates could increase depending on result of protest</i>	Self	44.92	0.60	45.52	27.54	17.98
	Two-Party	112.44	1.28	113.72	68.74	44.98
	Family	145.68	1.88	147.56	89.28	58.28
NOTE:	Remember to add Prescription Drug coverage cost to PPO Medical cost to determine the full cost of your plan.					
HMSA HMO <i>RSN Chiro, Includes Prescription Drug</i>	Self	377.60	2.76	380.36	193.12	187.24
	Two-Party	943.92	5.76	949.68	481.50	468.18
	Family	1222.97	8.43	1231.40	624.76	606.64
HMSA High Deductible Health Plan (HDHP) <i>Includes Prescription Drug, No Chiro</i>	Self	282.48	2.76	285.24	193.12	92.12
	Two-Party	706.24	5.76	712.00	481.50	230.50
	Family	915.56	8.40	923.96	624.76	299.20
Kaiser Basic HMO <i>RSN Chiro, Includes Prescription Drug</i>	Self	313.06	2.74	315.80	193.12	122.68
	Two-Party	781.82	5.78	787.60	481.50	306.10
	Family	1012.57	8.43	1021.00	624.76	396.24
Kaiser Comprehensive HMO <i>RSN Chiro, Includes Prescription Drug</i>	Self	370.42	2.74	373.16	193.12	180.04
	Two-Party	925.26	5.78	931.04	481.50	449.54
	Family	1198.45	8.43	1206.88	624.76	582.12
HMSA Supplemental Plan (Coinsurance Plan) <i>RSN Chiro, Includes Supp. Prescription Drug</i>	Self	162.74	2.74	165.48	100.38	65.10
	Two-Party	408.72	5.76	414.48	250.98	163.50
	Family	536.25	8.43	544.68	330.18	214.50
Royal State Supplemental (Copay Plan) <i>RSN Chiro, Includes Supp. Prescription Drug</i>	Self	40.67	2.77	43.44	27.16	16.28
	Two-Party	101.03	5.77	106.80	66.38	40.42
	Family	112.29	8.43	120.72	75.80	44.92
DENTAL PLAN						
HDS Dental	Self	28.84	0.32	29.16	17.62	11.54
	Two-Party	57.68	0.64	58.32	35.24	23.08
	Family	94.88	0.96	95.84	72.76	23.08
VISION PLAN						
VSP Vision	Self	5.96	0.08	6.04	3.66	2.38
	Two-Party	11.04	0.12	11.16	6.74	4.42
	Family	14.42	0.18	14.60	8.82	5.78
LIFE INSURANCE						
Royal State National	Employee	4.16		4.16	4.16	0.00

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10/12/2011